

**Fee: \$65****STATE OF CONNECTICUT INSURANCE DEPARTMENT****Application for Individual
Motor Vehicle Physical Damage Appraiser License**

Make check payable to: "Treasurer, State of Connecticut"

For Dept Use Only

Date: _____

Filing Fee: _____

License Fee: _____

(Please Print or Type)

① Soc. Security Number		② N/A		③ N/A	
⑤ Last Name JR./SR. etc		⑥ First Name		⑦ Middle Name	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box		⑪ City	
⑭ Home Phone Number () -		⑮ Gender (Circle One) Male Female		⑯ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑰ Business Name/Employer's Name					
⑱ Business Address (Physical Street)		⑲ P.O. Box		⑳ City	
㉓ Business Phone Number () -		㉔ Business Fax Number () -		㉕ Business E-Mail Address	
㉗ Applicant's Mailing Address		㉘ P.O. Box		㉙ City	
				㉚ State ㉛ Zip	

Business Entity Affiliations**㉜ List your Business Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)**Tax ID # _____ Name of Firm _____
Tax ID # _____ Name of Firm _____**35a****STATUS:**

New License: ____

Reinstatement: ____ (CT Lic # _____)

Background Information**㉞ The Applicant must read the following very carefully and answer every question:**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ____ No ____

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ____ No ____

If you answer yes, you must attach particulars to this application.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___
If you answer yes, identify the jurisdiction(s): _____
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.
7. Do you have a child support obligation in arrearage? Yes ___ No ___
If you answer yes to Question 7, by how many months are you in arrearage? _____ Months
8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicant's Certification and Attestation

37 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner of Insurance, in Connecticut to be my agent for service of process regarding all insurance matters; and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the Connecticut Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Connecticut Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the State of Connecticut.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

38 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Either an original exam report for exam 18-16, showing a passing grade **or**
2. An original Letter of Certification showing similar authority in another state, not older than 90 days (copies of your resident license are not acceptable)

**RETURN TO:
Insurance Department
PO Box 816, Hartford, CT 06142-0816**